

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17195

FILED JUN 7 1943
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 2273

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6100 RockHill Road.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 60 yrs.

3. (a) PRINT FULL NAME Adolph Weinberg

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. November 12th. 1855.
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Dont Know

13. Birthplace Dont Know (City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Alex Weinberg

(b) Address 5424 Paseo, Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/43 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave. K. C. Mo.

19. (a) 5-17-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6100 RockHill Road.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1943 hour 6:00 A. minute _____ M.

21. I hereby certify that I attended the deceased from May 1st 1940 to 5/12/43 1943
that I last saw him alive on May 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency Duration 10 days

Due to Age and Uremia with Chronic Nephritis 3 Days 5 yrs

Due to _____
Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Eugene S. Brown (Specify type of place) (a) _____ (b) Means of injury _____
Address Bryant Bldg. (M, D or other) MAY 15 1943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Buyer of 1300g Vain 8530
M. M. Brown

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3110*

P. O. Address *K. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.